Form **8871** (Rev. July 2003)

Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Department of the Treasury Internal Revenue Service

General Information

1 Name of organization Bay State Future			Employer identification number 27 - 3421631		
2 Mailing address (P.O. box or nur 57 Spring Street	mber, street, and room	or suite number)			
City or town, state, and ZIP code Arlington, MA 02476					
3 Check applicable box:	✓ Initial notice	Amended notice	Final notice		
4a Date established 09/09/2010		4b Date of material change			
5 E-mail address of organization no@email					
6a Name of custodian of records		6b Custodian's address			
Barbara Weniger		57 Spring Street			
		Arlington, MA 02	476		
7a Name of contact person	7b Contact person's address				
Barbara Weniger		57 Spring Street			
		Arlington, MA 02	1476		
8 Business address of organization 57 Spring Street	(if different from mai	ling address shown above).	Number, street, and room or suite number		
City or town, state, and ZIP code Arlington, MA 02476					
9a Election authority		9b Election authority identification number			
NONE					
Part II Notification of	of Claim of Exe	mption From Filing	Certain Forms (see instructions)		

10a Is this organization claiming exemption from filing Form 8872, Political Organization Report of Contributions and Expenditures, as a qualified state or local political organization? Yes <u>No</u> ✓

10b If 'Yes,' list the state where the organization files reports:

11 Is this organization claiming exemption from filing Form 990 (or 990-EZ), Return of Organization Exempt from Income Tax, as a caucus or associations of state or local officials? Yes $_$ No \checkmark

Part III Purpose

12 Describe the purpose of the organization

To communicate with the citizens of Massachusetts on issues of importance.

Part IV 13 Check if the	e organization has no related	Entities (see instructio	115)	<i>V</i>
14a Name	of related entity	14b Relationship	14c Address	
Part V	List of All Officers	, Directors, and Highl	y Compensated Employees (see instructions)	
15a Name		15b Title	15c Address	
Barbara Wenig	er	Chair/Treasurer	57 Spring Street	
			Arlington, MA 02476	
	Internal Revenue Code, ar and belief, it is true, correct below.	d that I have examined this notice	med in Part I is to be treated as a tax-exempt organization describes, including accompanying schedules and statements, and to the that I am the official authorized to sign this report, and I am signin	best of my knowledge
	Barbara Weniger		09/13/2010	
Sign Here	Name of authorized	official	Date	